## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### **FORM D**



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering	(□ check if this is an a	mendment and name has	changed, and indicat	te change.
1515 Locust Street, L.P. Linamount of \$2,500,000	nited Partnership Interests	together with 10% Pror	nissory Notes in the	aggregate principal
Filing Under (Check box(es)	that apply):□ Rule 504	□ Rule 505 🗷 Rul	le 506	4(6) □ ULOE
Type of Filing:	■ New Filing	☐ Amendment		PROCESSED
	A. BASIC IDI	ENTIFICATION DATA	1	1100000
1. Enter the information	n requested about the issue	r	·	JUN 1 4 2004
Name of Issuer (☐ check if 1515 Locust Street, L.P.			ndicate change.)	THOMSON FINANCIAL
Address of Executive Offices c/o Kane & Silverman, P.C., Ave., Suite 1C-44, Philadelp	Attn. Michael C. Kane, E		Telephone No. (Inc. (215) 232-1000	cluding Area Code)
Address of Principal Busines Code) (if different from Exec	•	Street, City, State, Zip	Telephone No. (Inc	cluding Area Code)
Brief Description of Busines The issuer's business consist selling such condominium us Type of Business Organizati corporation business trust	s of acquiring certain real paits and any other lawful acon  I limited part			ease specify)
Actual or Estimated Date of Jurisdiction of Incorporation	or Organization: (Enter	Month ion: 04 two-letter U.S. Postal Se r Canada; FN for other fo		☐ Estimated or State: PA

#### **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate fede will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

<del></del>							
<u>(</u>	: C4!		A. BASIC IDENTIFICA	ATION DATA			
2. Enter the		requested for the	following: f the issuer has been organ	sizad within the most five t	100#31		
•			the power to vote or disp			6 or m	ore of a class of equity
	securities o		the power to vote of disp	ose, or affect the vote of c	iisposition oi, 107	0 01 11	iore or a class or equity
•			rector of corporate issuers	and of corporate general	and managing pa	rtners	of partnership issuers:
	and		•	1 0	0 01		
•	Each genera	al and managing p	artner of partnership issue	rs.			
				<u></u>			
Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	×	General and/or
Evil Nome (Last no	Engt if i	m dissideral)					Managing Partner
Full Name (Last na 1515 Locust Assoc		ndividuai)					
		(Number and Stre	et, City, State, Zip Code	<del></del>			11.1-
			ne, Esq., 2401 Pennsylvan	ia Ave., Suite 1C-44, Phil	adelphia, PA 1913	30	
Check Box(es) that		☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
							Managing Partner*
Full Name (Last na	me first, if i	ndividual)					
Kane, Michael C.							
			et, City, State, Zip Code	' A C ' 1C 44 D ''	1 1 1 1 DA 101	30	
			ne, Esq., 2401 Pennsylvan				O11/
Check Box(es) that	Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
Full Name (Last na	me first if i	ndividual)					Managing Partner*
Marinakos, Plato	une moi, m	iidividdai)					
	nce Address	(Number and Stre	et, City, State, Zip Code				<del> </del>
			ne, Esq., 2401 Pennsylvan	ia Ave., Suite 1C-44, Phil	adelphia, PA 191	30	
Check Box(es) that	Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	×	General and/or
							Managing Partner*
Full Name (Last na	me first, if i	ndividual)					
Economou, Peter		Olymphan and Chua	-4 City C4-4- 7i- C-4-		·		
			et, City, State, Zip Code ne, Esq., 2401 Pennsylvan	uia Δve. Suite 1 <i>C-44</i> Phil	adelnhia PA 101	30	
Check Box(es) that		□ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
Check Dox(cs) that	г дрргу.	- Homotei	E Delichelar Owner	La Executive Officer	□ Director	_	Managing Partner
Full Name (Last na	me first, if i	ndividual)					
Cohen, David and							
			et, City, State, Zip Code				
			ne, Esq., 2401 Pennsylvan				C 1 1/
Check Box(es) that	t Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
Full Name (Last na	me first if i	ndividual)					Managing Partner
r an rame (Last m	une msi, m	narviduar)					
Business or Reside	nce Address	(Number and Stre	et, City, State, Zip Code		•		
		`					
Check Box(es) that	t Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
D 1131 (T /	<u> </u>	1 1					Managing Partner
Full Name (Last na	ime first, if i	ndividual)					
Business or Reside	nce Address	Number and Stre	et, City, State, Zip Code				
Dusiness of Reside	nee Address	(Trumber and Sire	et, etty, state, zip code				
Check Box(es) that	t Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
							Managing Partner
Full Name (Last na	ame first, if i	ndividual)					
D : D :1	4 1 1	01 1 10	. 0': 0: . 7' 0 1				
Business or Reside	nce Address	(Number and Stre	eet, City, State, Zip Code				
Check Box(es) that	t Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
							Managing Partner
Full Name (Last na	ame first, if i	ndividual)					
Business or Reside	nce Address	(Number and Stre	et, City, State, Zip Code				

<sup>(</sup>Use blank sheet, or copy and use additional copies of this sheet, as necessary). \*such person is a managing member of 1515 Locust Associates, L.L.C., the issuer's general partner.

1				1	B. INFOI	RMATIO	N ABOU	r offer	ING					
													Yes	No
1.				Answe	r also in A	Appendix	k, Columi	ı 2, if fili	ng under	ULOE.	_	••••••		X
2.	What i	s the min	imum inv	estment	that will	be accept	ted from a	any indiv	idual?		••••••	•••••••		
3.	Does ti	ae offerin	a nermit	ioint ow	nerchin o	fa cinale	unit?						Yes ⊠	No □
4.	Enter commi person list the	the infor ssion or s to be list name of	mation resimilar reed is an a	equested munerati ssociated er or dea	for each on for so I person o aler. If m	n person licitation or agent on nore than	who has of purch of a broke	s been o asers in c or or deale persons t	r will be connection or register o be liste	e paid or n with sa red with	r given, lles of sec the SEC a	directly or curities in the and/or with persons of	indire he offe a state	ectly, any ering. If a e or states
Full Na	ime (Las	t name fir	rst, if ind	ividual)						<u>, , , , , , , , , , , , , , , , , , , </u>				
Busine	ss or Res	idence A	ddress (N	lumber a	nd Street,	City, Sta	ate, Zip C	Code)						
Name o	of Associ	ated Bro	ker or De	aler								-		
States i	n Which	Person L	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers						
(Check	"All Sta	tes" or ch	neck indiv	idual Sta	ites)								□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Na	ıme (Las	t name fi	rst, if ind	ividual)										
Busine	ss or Res	idence A	ddress (N	lumber a	nd Street,	, City, Sta	ate, Zip C	Code)		<del></del>				
Name o	of Assoc	ated Bro	ker or De	aler			·····							
States i	n Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers						
(Check	"All Sta	tes" or ch	neck indi	vidual Sta	ates)				************				□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full Na	ame (Las	t name fi	rst, if ind	ividual)								_		
Busine	ss or Res	idence A	ddress (1	Number a	nd Street	, City, St	ate, Zip C	Code)						
Name	of Assoc	iated Bro	ker or De	aler										
States	in Which	Person I	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers						
(Check	: "All Sta	ites" or cl	neck indi	vidual Sta	ates)				*************		•••••	•••••••	□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary).

1.	Enter the aggregate offering price of securities included in this offering and the answer is "none" or "zero". If the transaction is an exchange offering, check this be		
	the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$ <u>2,400,000</u> \$0
	□ Common □ Preferred		<b>4</b> 0
	Convertible Securities (including warrants)		\$0
	Partnership Interests		<u>\$100,000</u>
	Other (Specify)		\$0 \$0
	10(a)	<u>\$2,500,000</u>	ΦU
	Answer also in Appendix, Column 3, if filing under UL	OE.	
2.	Enter the number of accredited and non-accredited investors who have purcha aggregate dollar amounts of their purchases. For offerings under Rule 504, incorpurchased securities and the aggregate dollar amount of their purchases on the total "zero."	dicate the number of	persons who have
	Accredited Investors	vestors Amou:	gate Dollar nt of Purchases \$2,500,000 \$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under UL	OE.	
3.	If this filing is for an offering under Rule 504 or 505, enter the information request date, in offerings of the types indicated, in the twelve (12) months prior to the Classify securities by type listed in Part C -Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$0
	Regulation A		\$0
	Rule 504		\$0
	Total	<u> </u>	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distr Exclude amounts relating solely to organization expenses of the issuer. The infor contingencies. If the amount of an expenditure is not known, furnish an estim- estimate.	mation may be given	as subject to future
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs		\$ <u> </u>
	Legal Fees		\$0
	Accounting Fees		\$ 0
	Engineering Fees		\$ <u> </u>
	Sales Commissions (specify finders' fees separately)		\$ <u> </u>
	Other Expenses (identify) Blue Sky filing fees		\$ 500

Total .....

\$ 10,000

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C Question 4 a. This difference is the "adjusted gross proceeds to the issuer." \$2,490,000
- Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C question 4 b above.

	Payments to Officers,	
	Directors &	Payments To
	Affiliates	Others
Salaries and fees Purchase of real estate	□ \$ <u>75,000**</u>	□ \$0
Purchase of real estate	□\$0	<b>⊠</b> \$ <u>2,415,000</u> ***
Purchase, rental or leasing and installation of machinery and equipment	🗖 💲 SO	□ \$0
Construction or leasing of plant buildings and facilities	🗖 💲	□ \$0
Acquisition of other businesses (including the value of securities involved in this		
offering that may be used in exchange for the assets or securities of another issuer		
pursuant to a merger)	🗖 💲	□ \$0
Repayment of indebtedness		□ \$0
Working capital	D \$0	<b>□</b> \$0
Other (specify):	🗖 \$0	□ <b>\$</b> 0
Column Totals	□ \$75,000	≥\$2,415,000
Total Payments Listed (column totals added)	\(\overline{\Sigma}\) \(\overline{\Sigma}\)	90,000

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) 1515 Locust Street, L.P.	Signature	Date June <b>7</b> , 2004
Name of Signer (Print or Type)  Michael C. Kane	Title of Signer (Print or Type)  Managing Member of 1515 Locust Associates, L.L.C., the general partner of 1515 Locust Street, L.P.	·

#### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<sup>\*\*</sup> acquisition fee payable to 1515 Locust Associates, L.L.C., issuer's general partner.

<sup>\*\*\*</sup>includes sums payable in connection with the demolition of the building currently located on the acquired real property and the construction of the condominium units.

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes □	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) 1515 Locust Street, L.P.	Signature	Date June <u>1</u> , 2004
Name of Signer (Print or Type)  Michael C. Kane	Title of Signer (Print or Type)  Managing Member of 1515 Locust Associates, L. L. C., the general partner of 1515 Locust Street, L. P.	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

3				APPEND	OIX				
1	Intersell to accre invest State	non- dited	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqual under ULOE att: explans waiver (Pai	State
State	Yes	No		Number of Accredited Investors	Accredited Accredited				
AL									
AK							-		
AZ									
AR									
CA									
СО									
CT									
DE	ļ							ļ	
DC			Limited Partnership Interests						
FL		Х	together with 10% Notes/\$2,500,000	1	\$500,000	0	\$0		X
GA									
HI									
ID									
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IN							I		
IA	-							}	
KS	<u> </u>								ļ
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APPEN	DIX		T						
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purch (Part C-)	ased in State		unde ULOF attach ex of waive (Pa	5 lification r State ( (if yes, eplanation r granted) rt E- m 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MN									
MS									
МО									
MT									
NE									
NV									
NH			_						
NJ									
NM									
NY									
NC									
ND			<u> </u>						
ОН									-
OK									
OR									
PA		Х	Limited Partnership Interests together with 10% Notes/\$2,500,000	16	\$2,000,000	0 .	\$0		x
RI									
SC								ļ	
SD									
TN	ļ								
TX									
UT									
VT								<u></u>	

APPEN	DIX				· · · · · · · · · · · · · · · · · · ·				
1	Inte sell t accr inves State	2 end to to non- edited etors in the (Part term 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				5 lification r State (if yes, planation r granted) rt E- m 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
VA									
WV									
WA									
WV			,						
WI									
PR									